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ABSTRACT

This report describes the Oklahoma City, Oklahoma site of the Child and Family Resource Program (CFRP), a Head Start-affiliated program designed to elicit community and family involvement in fostering optimum development of preschool children and their families. The Oklahoma City site, serving a rural black community, is one of 11 demonstration sites of the national CFRP. In planning and implementing the Oklahoma City, CFRP, attention was given primarily to four areas of service development: (1) education (i.e., an infant toddler program, the Head Start program, a linkage system with the public school system, and a parent education program), (2) health care, (3) parent involvement, and (4) social services. Descriptions of staff positions and recruitment procedures for staff members are presented. Also outlined were: (1) the staff training plan, (2) the recruitment procedure for families (including a needs assessment procedure), (3) methods of coordinating CFRP and community agency services, (4) materials used in the program, (5) program costs (including accounting charts), and (6) a short evaluation of program implementation. (BRT)

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PROGRAM DESCRIPTION

CHILD AND FAMILY RESOURCE PROGRAM

OKLAHOMA CITY, OKLAHOMA

Under Contract No. HEW-OS-74-274

Submitted To:

OFFICE OF CHILD DEVELOPMENT
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

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Submitted By:

DEVELOPMENT ASSOCIATES, INC.
1521 New Hampshire Ave., N.W.
Washington, D. C. 20036

June 30, 1975

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OKLAHOMA CITY CFRP
PROGRAM DESCRIPTION

INTRODUCTION

The project site is located in Spencer, Oklahoma, a rural black community, approximately 10 miles from downtown Oklahoma City, the headquarters of the Community Action Agency (CAP), the grantee. The CAP has conducted Head Start programs for over six years, and has delegated the responsibility for the conduct of the Spencer Head Start program to the Area Council of the City/County Center located in Spencer, Oklahoma. The Area Council obtained an old abandoned rural elementary school for utilization by Head Start, and now the CFRP, from the school system for a dollar a year lease. Extensive repairs were carried out to this facility utilizing staff and volunteers, with the CAP providing the materials. Because of the delays encountered by the site negotiation and the repairs required to bring the facility to acceptable standards, the Head Start program here was delayed in opening.

The CFRP was first introduced to the grantee via a letter dated February 15, 1973, from the Assistant Regional Director, Region VI, HEW /OCD, advising that the Oklahoma City/County CAP had been identified as a potential sponsor for the CFRP. The letter also briefly explained the CFRP, included three copies of the Questionnaire/Prospectus and Guidelines, with instructions to submit the Questionnaire/Prospectus within a few days if they wanted to participate. Thereafter, a meeting was held between CAP-Head Start staff and the Head Start Policy Council to respond to the Questionnaire/Prospectus and develop a letter from the Policy Council requesting that it be considered for the CFRP. Approximately two weeks later the CAP was informed by the OCD Regional Office that they had been selected as one of two grantees in the Region to be considered by OCD National for the CFRP grant.

On March 13-16, 1973, grantee staff members attended a Proposal Planning Conference in Denver, Colorado held by DHEW /OCD at which the entire CFRP was discussed. Upon their return to Oklahoma City, the grantee staff began to organize and develop a formal proposal which was due April 20, 1973. The following steps were then taken:

- A meeting with local support agencies was set up for March 27, 1973 at which 17 agencies participated and provided their input regarding the services each agency could provide to the overall effort.

- [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

City/County area. CFRP has contracted with this non-profit agency for Infant/Toddler services discussed above.

- Head Start -- Full time and half-day Head Start services are provided to families with children in the prescribed age group. In April 1975, 61 CFRP children were enrolled in the program.

- School Linkages -- During the spring of 1975, an attempt was made by the CFRP to establish linkages with the public school system in order to provide for the smooth transition of children from the Head Start program to the public school system. Discussions were held between CFRP staff members and the principals of the elementary schools which Head Start children enter. No formal plan resulted but efforts are continuing to establish workable linkages.

- Parent Education -- This is an important activity under the Education Component. The basic objective is to provide information to parents for specific needs. Group workshops are held and, in addition, CFRP staff members work with parents on an individual basis.

B. Social Services

1. Program Planning and Startup

The Educational Coordinator of the CAP planned the objectives and services for this component. This included arranging for and coordinating the linkages with the appropriate community agencies.

2. Program Implementation

The services and activities associated with this component include:

- establishing relationships with the existing social service agencies to provide services to families as needed;

- coordinating the services of the various agencies providing services to CFRP families; and

- furnishing information to parents of CFRP children regarding utilization of appropriate community resources.

The CFRP is constantly seeking to improve coordination with existing community agencies for the purpose of focusing on a number of problems related to:

- employment - job training and counseling for the parents;
- transportation - providing transportation to doctors appointments, appointments at the welfare office, and others as needed by the families; and
- shelter - housing needs are referred to the public housing agency unless they are of an emergency nature, in which case the CFRP provides emergency funds. (The emergency fund is also used for purchases of food and fuel for the families in need.) The staff of CFRP attempts to relate a general knowledge of community resources to parents which will best serve their needs.

C. Health Services

1. Planning for the Health Component took into account the Mary Mahoney Memorial Health Center, a new comprehensive community health project, which was to be located near the CFRP site. The CFRP also planned for the purchase of emergency health and prenatal health service.

2. Program Implementation

The Mary Mahoney Memorial Health Center, which is located near the project site, provides a significant portion of the health services to CFRP families. The CFRP staff has a good working relationship with this community agency. All children enrolled in CFRP, as well as their families, are provided with health examinations, immunizations, mental health counseling, prenatal health counseling, and well-baby clinic services. Another facility which works closely with CFRP is the Family Counseling and Child Development Center (FCCDC). This center provides individual counseling for children and parents, diagnostic assessment for emotionally disturbed children, and staff training and technical assistance to the CFRP Family Advocates in the assessment of family and individual needs. CFRP makes referrals to other agencies which provide speech and language evaluations and therapy, and vision testing.

Prenatal services were not implemented as planned. The program originally was to provide prenatal services through the Variety Health Center and through a private physician. The services are now provided at the Mary Mahoney Memorial Health Center.

D. Parent Involvement

1. Program Planning and Startup

The planning of this component was facilitated by the experience gained from Head Start. Head Start performance standards appropriate to the Parent Involvement Component were reviewed and activities were identified. The planning was done by staff and parents involved in Head Start.

2. Program Implementation

Many activities had been planned in the hope that the parents would become more involved. However, participation by parents has been sporadic. Activities are usually attended only by the small number of parents who are active in the program.

Some group activities have been conducted to instruct parents in child rearing practices. A family recreation program which consists of informal gatherings of CFRP families every two months has also been implemented. In addition, workshops for adults and older children for making toys, wall decorations, and jewelry have been held.

III. STAFF

A. Program Planning and Startup

During the Planning Phase, the planners considered the technical design of their program in determining the staff configuration, assignment, and responsibilities. This was done in traditional personnel management fashion and the program was initially staffed as follows:

- Project Director -- assigned the overall responsibility for the day-to-day operations of the CFRP and the supervision of the staff. She is responsible to the Education Coordinator of the Community Action Program who spends approximately 20% of his time on the CFRP program. He is also the coordinator of the Head Start program for the Community Action Program.

- Field Supervisor -- responsible for the supervision of the community workers and coordination of family recruitment, needs assessment, referral and follow-up.

- Infant/Toddler Specialist -- responsible for the provision of developmental services to children age 0 - 3 and to provide related services to the parents of these children.

- Parent Organizer -- responsible for organizing group activities for parents and acts as a resource person for the Family Advocate.

- Community Workers (3) -- The functions of the three Community Workers were to recruit families, to assess their needs and strengths, and to be available to the families for counseling.

- Secretary -- responsible for clerical work.

- Bus Driver -- responsible for providing transportation.

The primary responsibility for recruiting and hiring staff was assigned to the CAP Personnel Manager. However, the CAP Executive Director had the ultimate authority in all personnel decisions. The staff recruiting process was essentially a team effort. The CAP Personnel Manager, CAP Education Coordinator, Assistant CAP Director, and the CAP Executive Director discussed the CFRP staff openings and qualifications required to fill them. They decided to transfer a number of personnel from a terminating program to CFRP. Five persons were involved in this transfer.

The position of CFRP Project Director was advertised in three local newspapers. The respondents were screened and a list of six applicants was presented to the Executive Director and the Education Coordinator for the final decision. The successful candidate who emerged from this process had considerable education and experience in social work. She was educated in Sweden where she obtained a masters degree in social work.

During the abbreviated Startup Phase, certain changes in the staffing plan occurred. First, the CFRP nurse resigned and the position was eliminated when the screening of CFRP children was transferred to the nearby comprehensive community health service center funded by HEW (Mary Mahoney Memorial Health Center). This Center serves the same target areas as does CFRP. Secondly, the position of Field Supervisor was eliminated (the incumbent resigned) and the responsibilities combined with those of the Parent Organizer to form the newly created position of Social Services Coordinator. A third change which occurred during the Startup Phase was the change in title of the Community Worker to Family Advocate to bring it more in line with the responsibility of the incumbent. An additional Family Advocate was therefore employed, bringing the total to four for the CFRP. Other important staffing decisions made during Startup included the transfer of the Social Service Coordinator, the Infant/Toddler Specialist, and the Family Advocate from another CAP program, which terminated, to CFRP. Although these transferred staff members possess many of the requisite skills, they were not, in the opinion of the Project Director, as professionally prepared as she would have preferred.

B. Program Implementation

In April 1975, the following CFRP staff positions were filled: Head Start/CFRP Project Director, Infant/Toddler Specialist, four Family Advocates, a Secretary, and a Driver. All of these staff persons are paid out of CFRP funds. The Coordinator of Social Services position had been vacant since January 29, 1975. The person previously occupying this position has been reassigned by the Community Action Program as the Neighborhood Center Supervisor at the CFRP site. The Coordinator of Child Development in the Head Start program is paid approximately 12% of her salary out of the CFRP budget; one Head Start teacher position is paid from CFRP funds.

Of the staff positions mentioned above, only the Head Start/CFRP Project Director, the Infant/Toddler Specialist, and the Driver have been with the CFRP since its inception. During program implementation there has been significant staff turnover in two important positions,

In the position of Social Services Coordinator, three persons in the last have either resigned or have been reassigned. The position is now vacant.

Of the three original Family Advocates, two were terminated and one resigned. The four Family Advocates presently on the staff were hired November 1971, January 1972, February 1972, and March 1972, respectively. Although not required in the job description, all four Family Advocates have degrees. During the winter 1971-72, the CFDP Project Director was assigned the additional responsibility for operating the Head Start program in the CFDP Center. (This Head Start program was only one of more than fifteen Head Start programs under the CAP agencies.) The reason for combining these two responsibilities was that there was continual controversy and conflict between the two staffs. The merger of the responsibility for the two functions into one position changed this situation. However, in taking over the additional Head Start responsibilities the Project Director found that the expanded role reduced the time she had for supervising and providing technical support for the Family Advocates. Despite this latter problem, the overall contribution to increased CFDP efficiency is positive as far as the Project Director is concerned.

The organizational chart indicates that the Family Advocates are supervised by the Coordinator of Social Services; when this position is vacant, they answer directly to the Project Director. The Infant/Toddler Specialist is directly responsible to the Project Director.

The Infant/Toddler Specialist is a non-degree individual who receives continuous training from the Director of the Cassidy School, a Montessori type school. The Infant/Toddler Specialist devotes a considerable part of her time to working directly with a consortium of community agencies which promotes the Rainbow Fleet (see Section III).

As an indication of how CFDP staff members allocate their time, the following table shows the percent of time the CFDP reported its staff spent in each program category. These data were derived from the CFDP Information System and report figures for the period of January 16 through April 15, 1972, a three-month period. (Complete definitions of activities included in each of the program categories may be found in Section VIII.)

[illegible]

[illegible]	[illegible]
1.1 [illegible]	[illegible]
1.2 [illegible]	[illegible]
1.3 [illegible]	[illegible]
1.4 [illegible]	[illegible]
1.5 [illegible]	[illegible]
1.6 [illegible]	[illegible]
1.7 [illegible]	[illegible]
1.8 [illegible]	[illegible]
1.9 [illegible]	[illegible]

In summary, problems surfaced in staffing of the programs. Cancellations resulting from the very short Startup Period and high [illegible] with a terminating program by CETA, however, have created difficulty for almost most of operation. One serious problem with veterans. Cyclo Rental Services Coordinator position, as of the spring of 1977, remained unfilled.

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5. [illegible]

A. [illegible]

[illegible]

[illegible]

B. [illegible]

[illegible]

[illegible]

2. Health Component

- Mary Mahoney Health Center - The Health Center provides health examinations, immunizations, prenatal care, and mental health counseling. All services are free.

- Family Counseling and Child Development Center - This agency provides individual counseling for children and parents and has a diagnostic nursery for emotionally disturbed children. Services are provided under contract with CFRP.

- The Oklahoma Psychological and Educational Corporation - This organization provides speech and language evaluation and speech therapy. The services of this institution are paid for at the rate of $10.00 per hour by CFRP.

- Neighborhood Services Organization - This agency has an eye clinic which provides free eye examinations for adults.

- Oklahoma Society for the Prevention of Blindness - This organization provides free eye examinations.

- The City/County Health Department - The Health Department, using a mobile van to reach the families, provides immunizations for pre-school children and tests for such diseases as sickle cell anemia, cancer, etc. It also provides prenatal services for the mothers in the program. All services are free.

- Private Physicians - Doctors are paid through Title XIX of the Social Security Act to provide medical services to families.

- The University Family Medicine Clinic - This clinic provides health examinations, immunizations, prenatal care counseling, and mental health counseling, as well as the services of a well-baby clinic. In addition, the clinic provides comprehensive and preventive medicine and treatment, medical examinations, and multi-faceted health care except for dental services. All services are free.

- The University Hospital for Crippled Children - The hospital provides the same services as the University Family Medicine Clinic. Services are free.

- Midwest City Hospital - This hospital is connected with the Mary Mahoney Memorial Health Center. It provides X-rays, EKG's, baby deliveries, and emergency care.

- The Bill Eisenhower Ambulance Service - This service will pick up CFRP parents in an emergency.

- The Planned Parenthood Organization - This agency provides contraceptive devices and screening for VD. All services are free.

The health services are ordinarily coordinated by the Family Advocates who make the necessary arrangements for the family to meet their appointments.

3. Social Services Component

- Welfare Department - This agency provides services to families in such areas as financial assistance, child abuse and neglect, vocational rehabilitation, food stamps, child care, medical assistance in home services.

- Legal Aid Society - This organization provides legal services to families.

- Community Action Program - This organization conducts programs involving alcoholism, employment, and youth services.

- Birthright Incorporated - This organization provides counseling and clothing for mothers and their babies. It also provides baby furniture and makes arrangements for baby placements.

- Family Counseling and Child Development Center - This center provides mental, psychological, emotional and family counseling for parents and children. Group therapy, individual psychotherapy, and marital counseling are provided along with services for emotionally disturbed children.

In addition to the above, several emergency aid agencies provide services to the CFRP. These are the:

- Community Cupboard
- Neighbor-to-Neighbor
- Salvation Army
- Baptist Mission Center
- Spencer Methodist Church

- Mary Mahoney Food Closet
- Tenth Street Adventist Church

All of these agencies provide emergency assistance in obtaining food, shelter, fuel, clothing, etc.

The Family Advocates are fairly well versed in the services that each of the above agencies provide; they are able to coordinate the service requirements of each family with the appropriate agency without great difficulty.

4. Parent Involvement

- Family Counseling and Child Development Center - This center organizes parent groups for discussions about child development experiences. The center also provides training for parents in raising children.
- City/County Area Council - This Council represents CFRP families on the CAP Board of Directors and provides a voice as to what is happening in CFRP at the CAP level.

After the enrollment of the first family in CFRP, the program added additional activities and/or services. These services are:

- Speech evaluation - Children 2-1/2 to 5 years old are tested for speech disorders. An arrangement has been made with the Oklahoma Psychological and Educational Corporation to provide speech and language evaluation and speech therapy. Services provided to children from CFRP families are paid for by CFRP on the basis of $10.00 per hour.
- Prenatal care and educational services are provided to CFRP mothers through an arrangement with the Mary Mahoney Memorial Health Center.
- Group activities and parent involvement, such as child rearing practices, developmental principles, and intra-family dynamics are provided through the Family Counseling and Child Development Center under a contract with the CFRP.
- A special development program for children with special needs for which group counseling is available.
- Group counseling to meet common needs of families and individuals is being provided through the Legal Aid Society.

- A newsletter to provide dissemination of information to families has been initiated by the CFRP.
- Sewing and toy making classes are being provided by the CFRP.
- A learning center for CFRP family members will soon open. Audio-visual equipment will be provided for individualized learning activities for children and adults.

Services are provided to meet the assessed needs of family members. The Family Advocate contacts the appropriate agency with regard to the family's problems to set up an appointment. This is done on an individual personal basis rather than using a formal procedure. There is no formal mechanism for agency interaction except for a referral form that is completed each time a service is provided.

One CAP administrative procedure that has caused some problems in coordinating services is that the Project Director is the only one authorized to initiate arrangements for services with other agencies. Many times some other CFRP staff member will have better rapport and/or more experience in dealing with an agency and this advantage cannot be utilized. This has resulted and continues to result in some serious misunderstandings between CFRP and certain agencies.

Another problem relates to the distance factor. Most of the community agencies providing services to CFRP families are located in Oklahoma City, approximately 15 miles from the CFRP site. This problem appears to be one with which the program will always have to contend given the geographic distance between the agency offices and the CFRP target area.

VII. MATERIALS

A. Program Planning and Startup

The acquisition of materials by the CFRP was given a low priority by the project. No criterion was established for determining program needs. The facility was provided by the Area Council and the Community Action Program administration agreed to provide desks, typewriters, and other office equipment.

B. Program Implementation

The materials used by the program are noted below, by component area.

1. Education Component

- The Infant/Toddler program utilizes toys for the toy lending library. These toys and materials are utilized by the infants and toddlers in the program in a learning setting. The toys and materials are housed in a mobile van which permits the mother and child to work inside the van.
- The full range of Head Start center materials are available to CFRP children enrolled in Head Start.
- Sewing machines and scrap materials are used by parents and staff in making inexpensive toys and other usable items.

2. Social Services Component

- Clothing is available and provided in emergency situations.
- Consumer Guide on Community Agencies is provided to all CFRP families. This is a list of the agencies furnishing services to CFRP families.
- A CFRP newsletter is sent to the CFRP families identifying community resources and services available to the families.
- Reference books which are requested by parents include, for example, problems of the handicapped, sex education, consumerism, death, etc.

3. Health Component

The primary materials in this component are pamphlets and films which furnish technical content and supplementary information for parent education classes in health subjects.

4. Parent Involvement

Materials utilized are related to the education, health, and social services component.

SECTION VIII

PROGRAM COSTS

Consideration of several program factors contribute to a [illegible] ing of total program effort and purpose. Other sections of this [illegible] deal with the more process oriented features of the program. This section, on the other hand, focuses on program costs.

Part of the national CPRP information monitoring system is included a comprehensive cost data collection effort. The period covered by the data presented in this section is October 01, 1974 through January 31, 1975, a three month period during the second funding year. The special questionnaire program and cost data tables presented here were developed as a mechanism to estimate how and to what extent the program categories were supportive. This cost data, collected for the period mentioned above, is representative by the following categories:

- total value of all program services provided during the study period;
- total value of General Health services provided during the study period;
- total value of Mental Health services provided during the study period;
- total value of Nutritional services provided during the study period;
- total value of Handicapped services provided during the study period;
- total value of Educational services provided during the study period;
- total value of Social Services provided during the study period;
- total value of Parent involvement during the study period;
- total value of staff training during the study period; and
- total value of program administration during the study period.

By reviewing each summary graph, the objectives addressed by each program category, and each cost data table, it can be determined what resource was utilized by the program, the total dollar value of services provided by each resource, and the purpose for which the resource was

addition, Consultant must turn over each of the above two (2) categories into presentation form/charts on the following pages. Such categories of presentation graphs should include:

- a graph which superimposes cost data within each category;
- a line of progress objectives entered on each of the over 50 programmatic categories; and
- a cost data table which includes a comprehensive breakdown of cost data within each category shown in each graph.

1. Expenses Graphs

The graphs across demonstrate cost data entered in each category. In addition to subtracting the dollars value of services provided by the pro grams during the study periods, each graph indicates the provision of the latest categorical value each figure represents.

The final graph delineates the total value of all services provided by the CDR programs during the study periods. It also addresses the dollars value and the provision of the cheap value for each programmatic category.

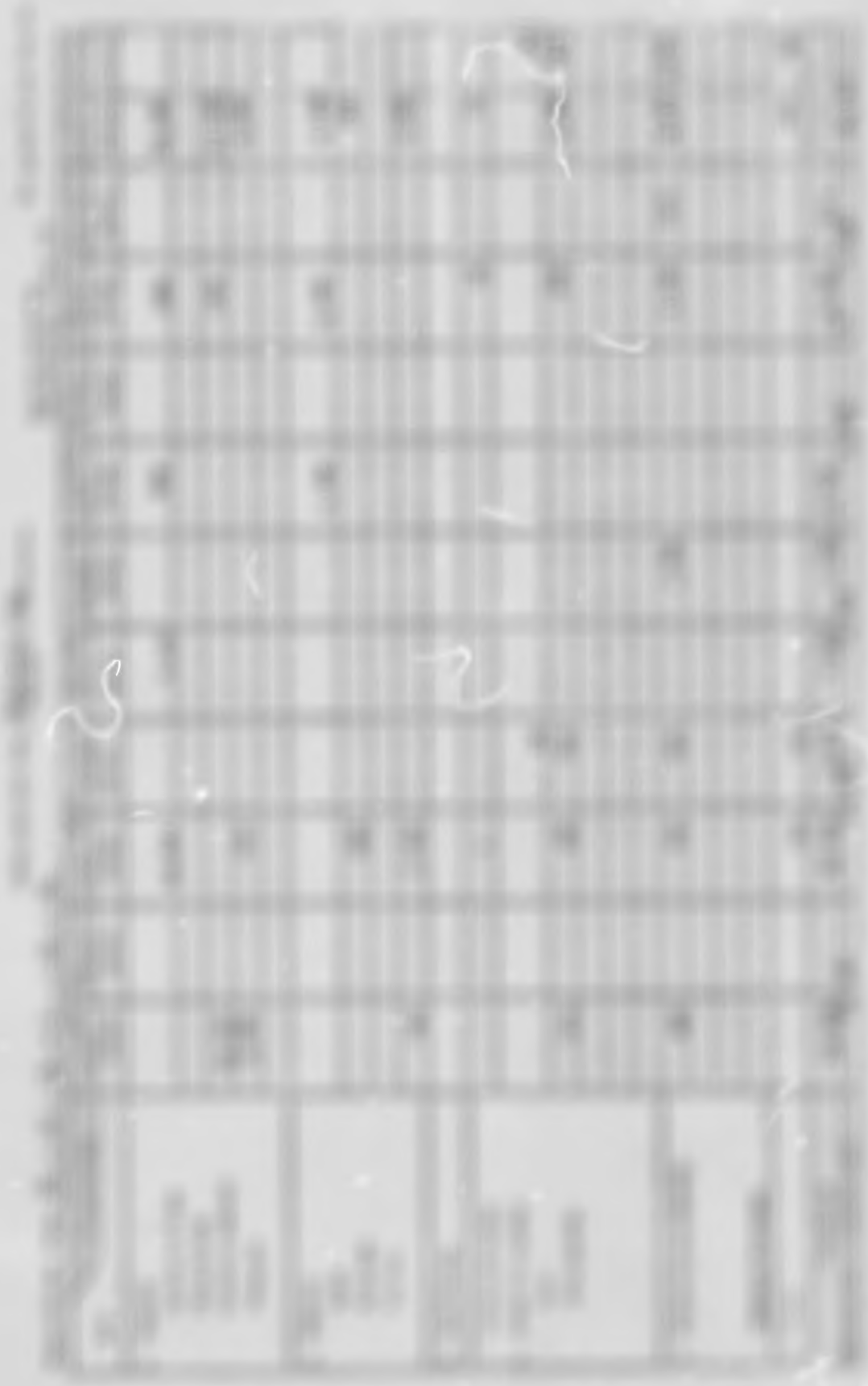
All other graphs in this section summarize the narratives utilized the dollars value of services provided by the programs during the study periods the costs of over 50 programmatic categories.

2. Cost of Programs Objectives

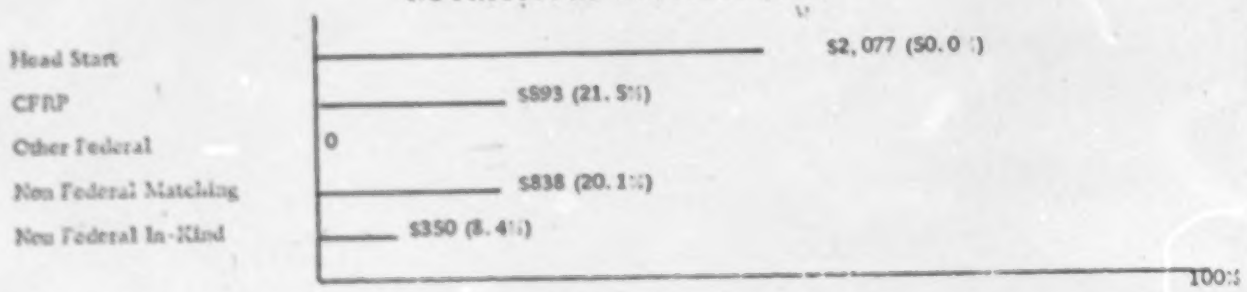
Each of the graphs which summarize the dollars value of services provided within a programmatic category is followed by a list of programs objectives addressed by the category improvements.

3. Cost Data Tables

Cost data tables are provided for each graph presented in this section. Each cost data table addresses the type of services utilized by the pro grams to provide services within the category and the dollars value of services as cited by the narrative. In addition, the table addresses, by fiscal year, both the dollars value these such resources cost initially



VALUE OF
NUTRITIONAL SERVICES (1.3)



Total: $4,158 7.4% of Total Program Value for Period

The data collected and presented on the graph above is the total dollar value (from all available resources) of nutritional services provided by Oklahoma City. These services are those which serve to meet the following objectives of the health services component of the program:

- help provide food which will help meet the child's daily nutritional needs in the child's home or in another clean and pleasant environment, recognizing individual differences and cultural patterns, and thereby promote sound physical, social, and emotional growth and development;
- provide an environment for nutritional services which will support and promote the use of the feeding situation as an opportunity for learning;
- help staff, child, and family to understand the relationship of nutrition to health, factors which influence food practices, variety of ways to provide for nutritional needs and to apply this knowledge in the development of sound food habits even after leaving the program;
- demonstrate the interrelationships of nutrition to other activities of the program and its contribution to the overall child development goals; and
- involve all staff, parents, and other community agencies as appropriate in meeting the child's nutritional needs so that nutritional care provided complements and supplements that of the home and community.

The data shown on the graph are for overall nutritional services. The costs of individual food programs utilized by each program during the study period is not included in this chart.

CATEGORICAL COST DATA FOR NUTRITION 1, 3
Category

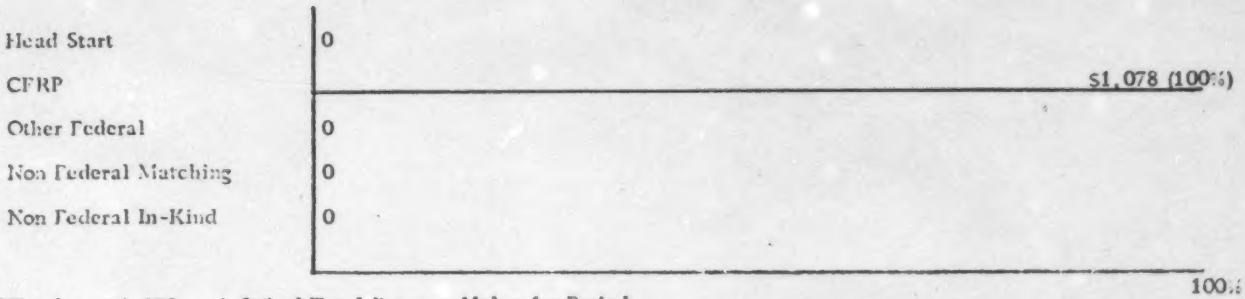
OMB No. 685-S-74013
Approval Expires: 30 June 1975

Categorical Cost Report

Oklahoma City

Item	Source: Head Start — Fixed Amount	Head Start — Variable Amount	CEEP — Fixed Amount	CEEP — Variable Amount	Other Fed. — Fixed Amount	Other Fed. — Variable Amount	Non-Fed. Matching — Fixed Amount	Non-Fed. Matching — Variable Amount	Non-Fed. Income — Fixed Amount	Non-Fed. Income — Variable Amount	Totals — Fixed Amount	Totals — Variable Amount
1. Personnel												
Salaries and Wages			820				838		100		1,758	
Fringe Benefits												
Consultants	1,478										1,478	
Volunteers	599										599	
2. Facilities												
Space												
Equipment												
Furniture												
3. Staff Training												
4. Materials (Reusable)												
5. Consumable supplies												
Food											18	
Other (specify)			18									
										250		250
6. Contract Services (Specify)												
Medicaid Payments											55	
7. Travel			55									
TOTALS	2,077		893				838		100	250		
Grand total amounts from each source:	2,077		893				838		350		4,158	

VALUE OF HANDICAPPED SERVICES (1.4)



Total: $1,078 1.9% of Total Program Value for Period

The data presented in the graph above indicate the total dollar value (from all available resources) of program services provided by Oklahoma City during the study period which addressed the following general objectives of the program:

- provide handicapped children and children with special needs with the necessary mental health services which will ensure that the child and family achieve full benefits of participation in the program.

Oklahoma City

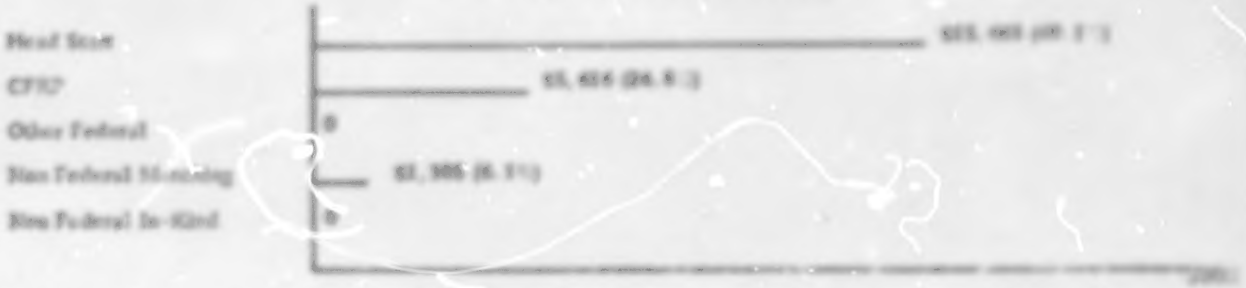
CATEGORICAL COST DATA FOR HANDICAPPED 1.4
Category

OMB No. 015-S-74013
Approval Expires: 30 June 1979

Categorical Cost Report

Source / Fixed or Variable / Item	Head Start Fixed Amount	Head Start Variable Amount	CDSP Fixed Amount	CDSP Variable Amount	Other Fed. * Fixed Amount	Other Fed. * Variable Amount	Non-Fed. Matching Fixed Amount	Non-Fed. Matching Variable Amount	Non-Fed. In-Kind [illegible]	Non-Fed. In-Kind [illegible]	Totals Amount	Totals [illegible]
1. Personnel			930								930	
Salaries and Wages												
Fringe Benefits												
Consultants												
Volunteers												
2. Facilities												
Space												
Equipment												
Furniture												
3. Staff Training												
4. Materials (Reusable)												
5. Consumable supplies "												
Food												
Other (specify)												
											120	
6. Contract Services (Specify)			120									
Medicaid Payments												28
7. Travel				28								
TOTALS			1,050	28							1,078	
[illegible]			1,078									

VALUE OF
EDUCATIONAL SERVICES ($)



Total: $22,667 (100.0% of Total Program Value for Period)

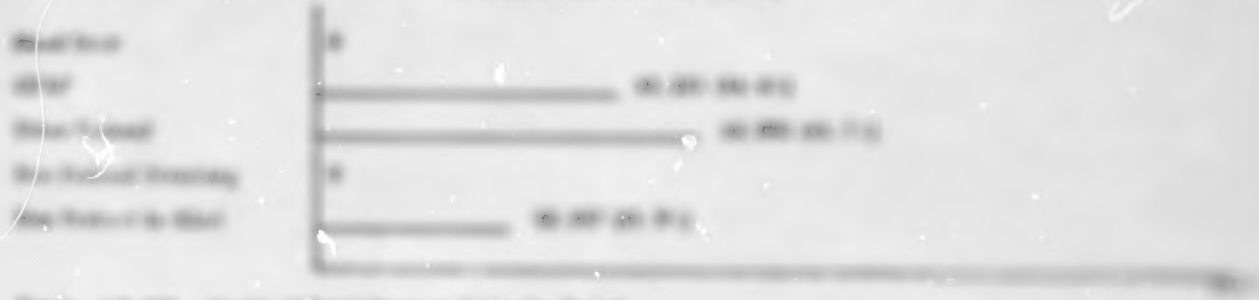
The figures shown in the graph above show the total dollar value (from all available resources) of services provided by the CFDP during the study period which addressed the following educational objectives:

- provide children with a learning environment and the varied experiences which will help them develop emotionally in a manner appropriate to their age and state of development toward the overall goal of social competence;
- integrate the educational aspects of the various program components in the daily program of activities;
- identify and reinforce experiences which occur in the home that parents can utilize as educational activities for their children.

Oklahoma City

Item												
1. Material												
2. Addition												
3. Mail Training												
4. Materials (Raw Mat)												
5. Consumable supplies												
Fuel												
Other (specify)												
6. Services Outside Plant(s)												
Indirect Payments												
7. Rent												

69



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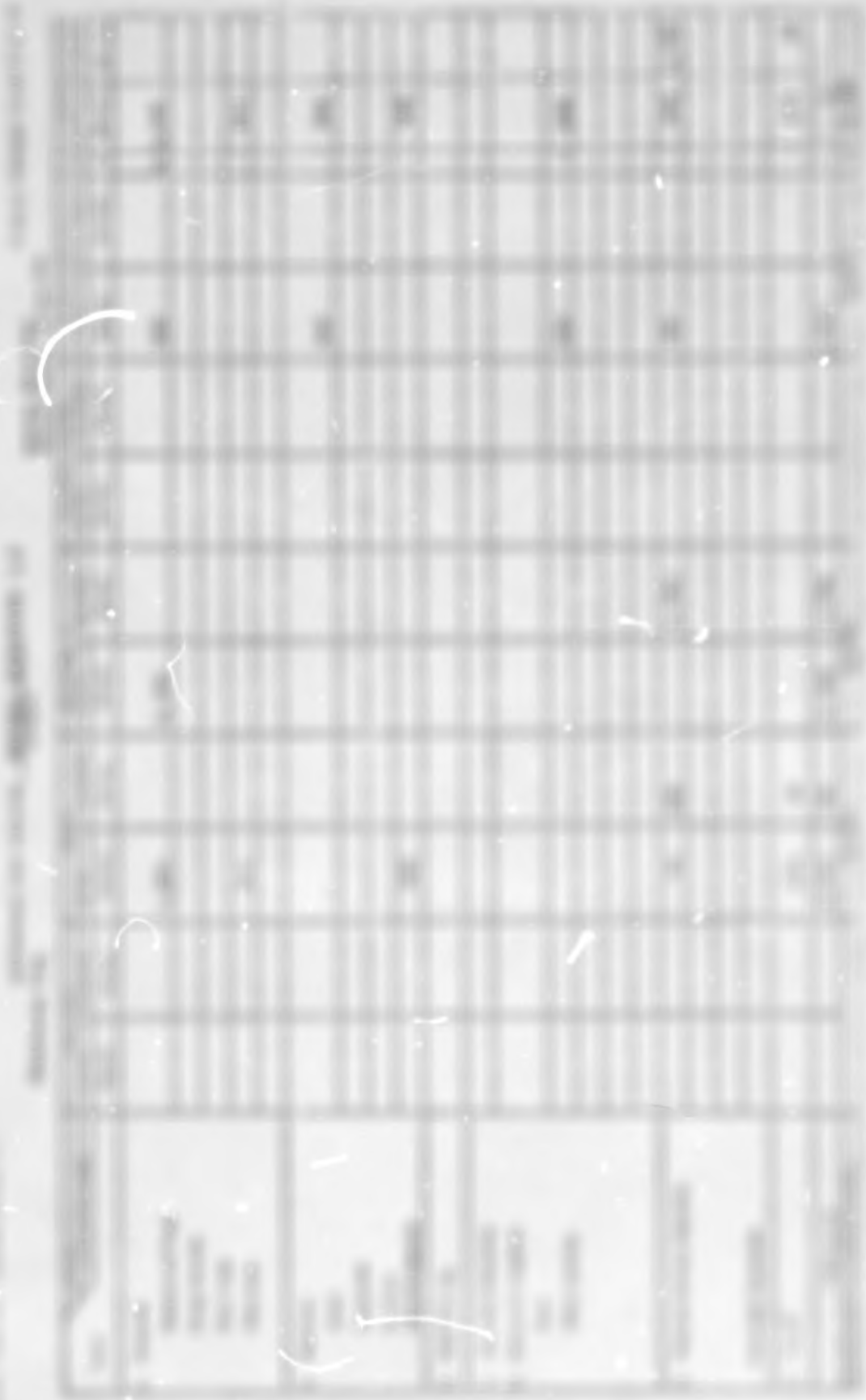

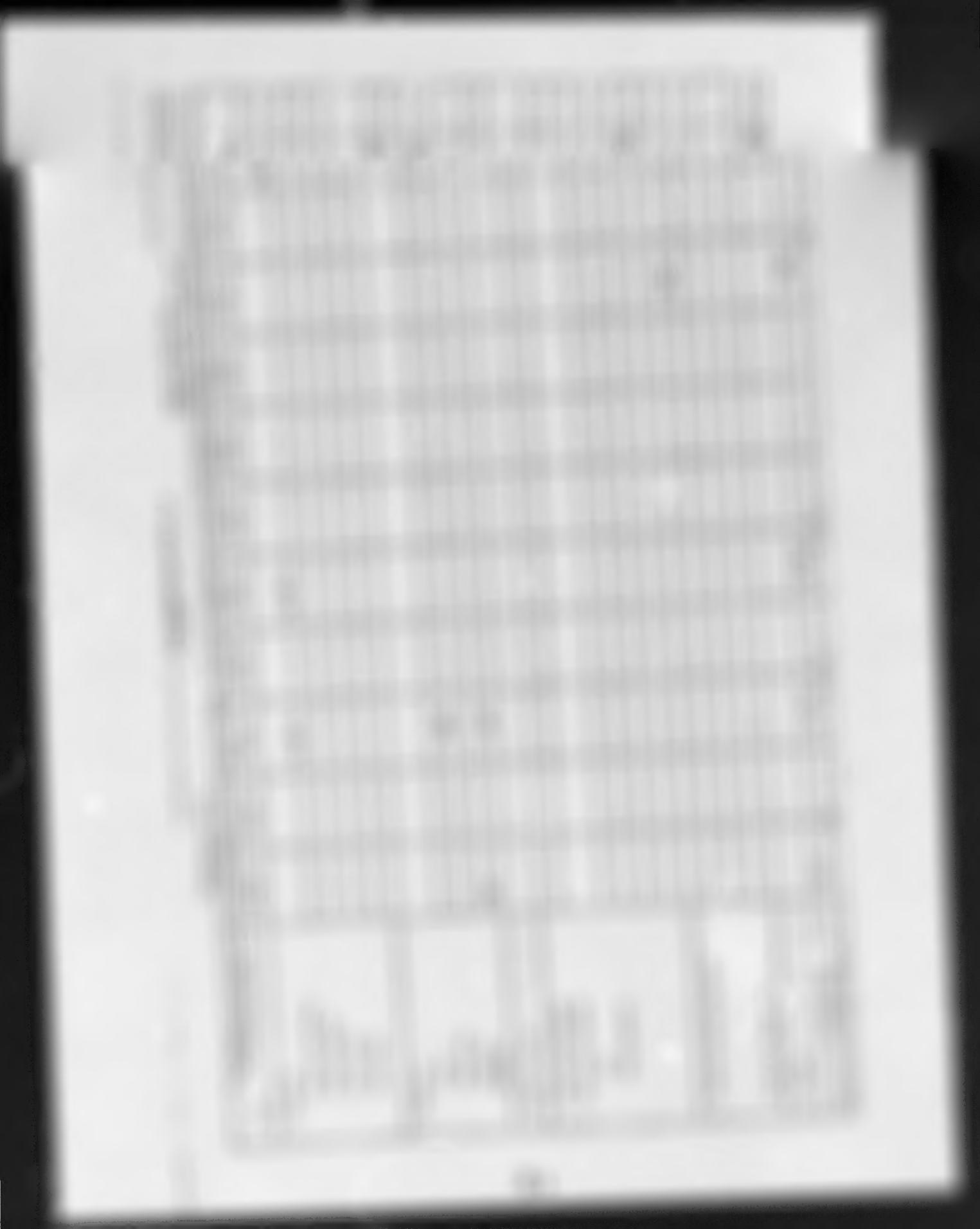

IX. NOTES ON KEY PROGRAM FACTORS

In reconstructing the Planning Phase activities, the planners were able to identify various elements that influenced their efforts in either a positive or negative fashion. One positive aspect was that their approach enabled them to design a CFRP that was fully responsive to the National CFRP Guidelines. In another instance they thought that the CFRP design reflected their concern that the feelings of all individuals enrolled in the program had to be considered in the delivery of any CFRP service or service referral. A negative point was an over reliance by the Planning Committee on one of its members for primary interpretation as to the meaning and intent of the Guidelines, thus limiting potential inputs from other members of the Planning Committee. A second negative point was that in attempting to reply completely to the CFRP Guidelines (which they did), in retrospect, they realized that they had not prepared workable objectives for specific program components. Correcting this planning oversight was accomplished in the Startup and Implementation Phases.

During the Startup Phase a great deal of effort was directed toward developing the data collection forms for CFRP families and completing the plan for selecting CFRP participant families. A major accomplishment was an agreement with the Creative Education Laboratory for the Rainbow Fleet services for the Infant/Toddler program. These strong points were balanced by some problem areas that arose during startup. The pre-service staff training was not sufficiently detailed to prepare staff in the various program component areas. This was a serious problem because a number of the staff were transferred from another CAP activity and required intensive training to prepare them for their new CFRP responsibilities. Another problem area was a misunderstanding between the Head Start and CFRP staffs regarding program intent and the responsibilities to families. Since these two programs utilized the same facility and shared a number of families in common, the disruption caused by this misunderstanding extended into the Implementation Phase.

During the first eighteen months of the Implementation Phase several circumstances influenced the manner in which the Oklahoma City CFRP functioned and provided services to the enrolled families. The more important points are summarized briefly below.

- As the program became operational, a number of the transferred staff became uncomfortable with their role in the program and subsequently resigned. Staff turnover extended throughout the first eight months of program implementation. As a matter of fact, the staffing problem, to one degree or another, remained with the program for almost the entire eighteen months of implementation.

- Services to families have been individualized based on a needs assessment conducted primarily by the Family Advocate. The

dialogue which exists between the Family Advocate and the CFRP family permits the Family Advocate to determine the appropriate services required to meet a particular need. Since the turnover rate of Family Advocates has stabilized, each Advocate has gained increased knowledge and understanding of the problems affecting the lives of the families to which they are assigned.

- The Family Advocates have learned self assurance and have developed the ability to communicate with community resources providing services to CFRP families. They have been resourceful in determining what the needs of the assigned families are and have been able to obtain, in most cases, the indicated services to meet a need. In order to ascertain that services to families have been individualized, the Family Advocate has been persistent in setting and following up on appointments with community resource agencies.

- All available services in the community provided by agencies, groups and resources have been utilized but not to the maximum extent possible. The Project Director and the Family Advocates have maintained personal contact with agency personnel, and most services to CFRP families are obtained on an informal basis.

- As time passes, the CFRP is utilizing more and more services which are available in the community; these community agencies are beginning to understand CFRP concepts and have become more flexible in their attitude toward CFRP. A continuing problem in utilization of community resources appears to be convincing the community agencies that the CFRP needs assessment procedures are efficient and creditable.

- There is no involvement of parents in the decision-making process in areas affecting program implementation. This is due to the fact that there is no formal parent policy-making board for the CFRP. In conjunction with this point, the Area Council is irritated because they make no direct contribution to CFRP decisions even though they are responsible for Head Start facilities and program utilized by CFRP. This last point has been a chronic and persistent CFRP problem area.

- The controversy between the Head Start and CFRP staffs who shared the same facility was solved by the CAP Education Coordinator. He decided to make both CFRP and the Head Start center staffs responsible to the CFRP Director. This increased coordination, cooperation, and communication between the two staffs and the tensions were substantially reduced.